PART B - FEE(S) TRANSMITTAL omplete and s**end** this form, together with applicable fee(s), to: <u>Mail</u> Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 OCT 1 4 2005 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All these correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated these corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 07/12/2005 20350 7590 TOWNSEND AND TOWNSEND AND CREW, LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 Krista K. Merrimac (Depositor's name) 10/17/2005 DEMMANU2 00000065 201430 09714785 (Signature 1400.00 DA 01 FC:1501 (Date October 12 2005 02 FC:8001 30.00 DA FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. 11/15/2000 Jonathan J. Hull 15358-006110US 5217 09/714,785 TITLE OF INVENTION: NETWORKED PERIPHERAL FOR VISITOR GREETING, IDENTIFICATION, B!OGRAPHICAL LOOKUP AND TRACKING ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY nonprovisional NO \$1400 \$1400 10/12/2005 EXAMINER ART UNIT **CLASS-SUBCLASS** 2167 707-001000 DODDS, HAROLD E 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Töwnsend and Townsend and 1 Crew LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

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Issue Fee	A check in the amount of the fee(s) is enclosed.
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